

Religious Behavior And Self-Defense Method: A Study Of Patient With Bipolar Disorder

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Abstract

Human life is dynamic in maintaining the balance of their soul. Life problems such as family conflict have an impact on mental balance. This study analyzed a bipolar patient, based on the result of observation, in-depth interviews, and relevant documents from one of the mental hospitals. Freud and Jung were chosen as a method for analyzing the concept of self-defense. The purpose of the study was to analyze bipolar psychiatric condition by finding the factors that influenced it. The findings revealed that life experience formed spirituality with *zikir* continually and practiced prayer despite the bipolar condition. Self-defense by continuing to maintain religious behavior as religious healing is one of the alternative solutions by involving the role of the family.

Keywords: Religious Behavior, Bipolar Disorder, Self-Defense

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Introduction

Family is the main and key to the strength of members, especially if one of the members is exposed to bipolar disorder. The family becomes a place to share intimacy with their children and helps overcome the uncertainty of life. In its development, bipolar disorder (manic-depressive illness) can be caused by many factors, one of which is through past, present and future experiences (Jung, 1968).

Interestingly, bipolar sufferers have characteristics characterized by mood-disorder or natural changes in feeling drastic (it can be a long and short time). This change in feelings is fairly specific and has an impact on certain behaviors in the daily life of the sufferer. Mood crises also have implications for the religious behavior of individuals in their daily lives (Grunebaum et al., 2006; Hawke et al., 2013). Religion has a significant influence on attitude and behavior; therefore, it is necessary to determine whether there is a direct relationship between beliefs, religious attitudes, and behavior.

Religious behavior and belief are the benchmarks of religious commitment (Bader & Froese, 2005) which includes a complicated morality code, a detailed description of the supernatural, and an explanation of what is meaningful and important. This is in line with the behavior of bipolar disorder sufferers who are unconditional, stigma, and paradox (Culpepper, 2014).

The exact picture in the contemporary situation at this moment concerns a diverse, equally diverse, and complex mental illness with bipolar personality and many cases require proper guidance, support, and treatment in the healing process (Yudiani, 2013).

This research was conducted on one of the bipolar patients who had been treated at Menur Hospital Surabaya. The patient was one of the individuals identified as bipolar and was assessed to have various attitude irregularities. Therefore, it is necessary to limit the scope of this research. This article emphasized bipolar religious behavior by

referring to one of the patients with the initials YS (initial name -privacy). It aimed to observe further the religious behavior of bipolar disorder patients who were expected to know the deepest of their religious attitudes.

What the spiritual experience of bipolar sufferers is when the patients are in a condition of melancholy, normal, and mania, as well as forms of self-defense carried out (Martin & Wrightsman, 1965). Someone's religious behavior will have implications for his faith, attitudes, speeches, and deeds in the family and social environment (Syam, 2005).

The religious behavior of the bipolar patient is considered complex then, it is interesting to observe more in this issue to be discussed and raised to the surface. The Jung approach used through the self-defense method would be the main point in identifying the form of religious behavior of bipolar sufferers.

This article answered some of the points in the research. First, the religious behavior of bipolar disorder was formed by experience and spirituality. Second, the forms of self-defense were with Freudian and Jungian concepts. The approach used by Sigmund Freud and Carl Gustave Jung found and understood bipolar religious behavior from the YS case and understood the meaning. This article found several important issues including; first, the religious behavior of individuals with bipolar disorder had a distinctive deviation of attitude (religious behavior). Second, a form of self-defense was with medical and alternative medicine, namely, religious therapy or *ruqyah* that formed spirituality.

Research Method

This research used a qualitative-descriptive method (Sugiyono, 2014) through a case study of one of the bipolar disorder sufferers. The research was conducted

through observation and in-depth interviews with the family, neighbors, and concerned as well as doctors and nurses. This research used the inductive analysis method, namely, the process of collecting and analyzing data to be systematic (Musianto, 2002).

The self-defense method becomes the right reference as metric research to analyze and find further the form of religious behavior of bipolar sufferers. Carl Gustave Jung's theory of self-defense assists the mental healing process of bipolar sufferers through consciousness and self-control (emotion, feeling, instinct, and all personality devices) appropriately. Jung's theory described a dynamic soul in action within an individual (Rowland, 2006). Psychoanalysis method became the identity of Sigmund Freud would help the analysis of YS (bipolar sufferer) religious attitudes as the object of this research.

Results and Discussion

YS lived in Semolowaru area, Sukolilo, Surabaya. From the aspects of education YS had attended elementary school (SD), junior high school (SMP), senior high school (SMA) until the higher education level (PT). YS is the first of three children. YS worked as a housewife (Lestari, Interview in 2018). The socio-economic condition of the family was relatively stable (to fulfill daily needs).

YS's husband was a self-employed worker; YS and her husband had one child who was 9 years old. In general, the condition of the YS household can be classified into two, namely before YS suffered from bipolar and after YS suffered from bipolar disorder. It means the condition was stable and unstable.

Before suffering from Bipolar disorder YS household condition was quite good but over time there was disharmony and, which became one of the factors of YS has bipolar. However, after YS was diagnosed with bipolar disorder and her household was fairly

stable with the presence of a husband who was always beside and encouraged the process of treatment and recovery of YS. On the one hand, there was a misunderstanding caused by suspicions and accusations directed by YS to her husband (Amin Fadillah, Interview, 2018).

YS's physical condition drastically reduced weight. Irregular diet during mood changes was the cause of change in a diet based on health standards (nutrition). Another condition, YS suffered insomnia due to irregular sleep patterns. In addition to physical condition, YS also had psychic problems.

It means YS's physical and psychic conditions were intertwined and affected each other. Both physically and mentally YS had psychological disorders. The conditions suffered can be identified through the indicated forms of symptoms such as panic, worry, anxiety, and stress to high emotional levels when bipolar appears with severity at extreme levels. The severity of bipolar suffered by YS was based on the diagnosis of RSJM Surabaya based on the symptoms experienced by YS (RSJM, interview, 2018).

During the treatment process both, while being treated at RSJM and afterward, YS routinely consumed medicine, to feel calm both physical (reduce tension) and psychic (thought and feeling) that were often unbalanced and excessive anxiety and was always shown by YS other medicines routinely given was Corticosteroids, aimed to balance appetite and regular diet, YS routinely consumed the medicine once a day (Nugroho, Interview, 2018).

For individuals with bipolar disorder, dietary irregularities are common and happen in people with mixed bipolar, when episodes of mania and depression are active at the same time. Referring to the concept of cause and effect relationship (Blok & Jensen, 2012) this condition occurred when an individual

lost control over the nature of one's feeling, thought, emotion and weak self-control. For bipolar sufferers, the balance of the soul is essentially absolute to maintain the natural working system of individual feelings (Bermudez, 2005).

Based on the condition of YS by referring to the results of data analysis in this study, it can be adjusted with religious behavior/ self-defense, condition/ dynamics in the family (household) determined YS's psychological condition.

YS's psychological condition influenced his religious behavior in his daily life. That is, the level of consciousness and unconsciousness is one of the congenital factors of bipolar disorder which contributes to determining both the physical, psychic, and religious conditions of YS. Method of self-defense supports and the role of family and a variety of treatment methods (medical and conventional) greatly determine the continuity of mental condition and religious behavior of YS.

Bipolar Disorder Religious Behavior Discussion

YS is 30 years old. Before suffering from mental illness, her routine and daily life was a housewife and had graduated from one of higher often prepared of daily household needs. This activity lasted a long time however, after several years of relationship with the husband was not good. The factor was the appearance of suspicion towards his partner. The allegations made by YS were caused by her husband's working hours and YS husband was not on time. This condition was one of the factors that encourage YS to experience pressure both mentally and psychically (Jumianti Lestari, Interview 2018).

According to the record of Menur Surabaya Mental Hospital, YS was first taken to RSJM on July 22, 2013, with married

status. According to the diagnosis of doctors from RSJM Surabaya and the result of tests and symptoms suffered by YS, YS had bipolar disorder. Bipolar is a disorder characterized by a change in feelings or known as manic-depressive namely the disorder of two opposing feelings: mania and depression. Both occur extremely, dramatic and appear suddenly in undefined time (can happen of day, week, and month) without knowing space and time (Boree, 2006; Krahe, 2005).

The medical document stated that YS was positive for mixed bipolar based on the indications that appeared (Resti, Interview in 2018). Medically, women have a greater chance of bipolar than men (Craddock & Jones, 1999). This criterion is based on several things such as; gender, age at onset, several episodes, and sub-type of the longitudinal syndrome as well as genetic findings are used as external criteria (Perris, 1966).

The bipolar episode was occurred by YS repeatedly and continuously such as; anxious, worried, nervous, often suspicious and accused (her husband), unable to control emotions with anger either verbally or physically vented by throwing, slamming, tearing, and breaking things or objects around him. Other symptoms are characterized by the habit of speaking alone, doing religious activities out of control such as obligatory prayers that are not timely (irregular). This is due to the absence of signs of better changes in YS behavior (Rahma, Interview 2018).

Interestingly, in the list of symptoms of behavioral disorders and natural changes in taste experienced by YS, religious behavior became a fairly dominant one. YS often did various religious activities in depressive conditions or, when the mood changes were in an unstable condition (abnormal). YS often lost control of generally normal and stable behavior (Indah Fatmala, Interview, 2018).

This condition of the unconscious (personal unconsciousness; a complex behavior) is a form of emotional things over interconnected ideas (Rowland, 2006). Before being diagnosed and hospitalized, YS had habits such as frequently going hanging and talking to themselves, getting angry for no reason even, throwing things, and sometimes doing physical violence to family members (Amin Fadillah, Interview 2018).

For the first time, family members did not pay attention to YS, however, over time with the increasing and increasing deviant behavior and the family' felt suspicion that it proved. This was proved by the behavior of YS who often performed prayer outside the time according to the mood (Jumianti Lestari, Interview in 2018).

YS's psychiatric condition is unpredictable. This is caused by changes in the feeling, emotions, and thought of unstable and easily shaken sufferers. YS's religious behavior before being diagnosed with bipolar was quite good and impressive as said by one of the informants;

"before moving and studying, YS studied at pesantren and her religious knowledge was really practiced well, not even often her younger siblings were taught to recite Al-Qur'an " (Resti, Interview, 2018).

Religiosity is often associated with the level of individual religious behavior. Religious behaviors can be general, such as participating in religious rituals, doing pilgrimages, or donating time to religious groups, can also be personal such as praying, meditating, and reading scripture (Batson et al., 1993; Sherkat, 2015; Stephen, 1963).

According to family members, before various bipolar symptoms appeared until behavioral deviation that;

"YS was a religious person and always perform prayer and worship in general such as the routine of sunnah fasting, and often

asked her husband to become imam" (Amin Fadillah, Interview 2018).

Besides, YS also includes someone who is quite active in religious social aspects such as, involving activity in a mosque. YS had the background of education from *pesantren* which was one of the factors of religious quality level. Both religious behaviors/activities were before and after bipolar. YS had a background in religious activities. Since YS was a child, YS has been accustomed to regularly recite and was taught to pray by her parent. *Pesantren* education had been conducted by YS when YS was in high school (Jumianti Lestari, Interview, 2018). This educational background provides many benefits and broad religious insights for YS as a skill for life.

The *pesantren* life was full of religious activities, making YS accustomed to its religious activities. While YS was in high school education and high school, YS still kept learning about religion. On the contrary, the longer and older, awareness of the obligation to pray, fast, read the Qur'an, and various religious activities are also increasing. The knowledge and habits were done at *pesantren* and the upbringing of parents made YS increase YS's awareness and obligations as Muslim. This routine continued until YS married (Jumianti Lestari, interview, 2018).

Experiences in youth formed the religious behavior and constantly enhanced the experience of spirituality. Proximity to the religious world from an early age becomes a habit that is done continuously and it is said that;

"When YS was in an unstable condition where bipolar symptoms appear such as the such as doing dzikir, talking to herself about death and things about worship often done by YS" (RSJM, Interview, 2018).

From some of the symptoms and religious behaviors are done by YS above, RSJM concluded a diagnosis that YS has bipolar disorder (RSJM, Interview 2018). Religious activities include personal experiences that began at an early age and, the family environment, schools, and community (Grace & Rahmat, 1980; Langgung, 1986; Rahmat, 2001). Another activity done by YS is fasting, before mental disorders appeared, YS routinely performed fasting both *Ramadan*, and *sunnah* fasting (Monday-Thursday to fasting on certain days) (Amin Fadillah, Interview, 2018) as prescribed in Islam (Al-Qur'an and Hadith) (H.G. Koenig, 1998). Religious activities routinely are done by YS to affect her worship habits;" *YS prayer is sometimes done outside of prayer time. Members of the YS family want to give up and cannot stop YS's behavior"* (Amin Fadillah, Interview, 2018).

Religious activities are done by YS and are considered wrong behavior because it is not following rules and the law of prayer as regulated in Islam. Religious behavior relates to the psychological and psychological dimension of a person and a set of real attitude. This means five senses can be observed and studied by others and fully realized by the individual who performs these religious activities. It was done under full consciousness and not the other way around, unconscious and uncontrolled (Martin & Wrightsman, 1965; Poerwadarmanto, 1985).

The family had seen many changes from YS in her daily life such as; religious behavior, quality of interaction with family members, social and other small changes are identified by the environment and people and relatives (Sumiati, Interview, 2018). The change in religious behavior experienced by YS certainly did not occur overnight. There were processes, causations, and challenges that encourage the process of changes in attitudes and become a different character. In

terms of religiosity, YS's religious attitude relied heavily on aspects of consciousness and unconsciousness (Nugroho, Interview, 2018). In Islam, a religious activity must be based on the conscious state of the individual. Religion is about personal relationships and intimacy between a person and God (Day, 2008).

YS's religious activity is routine and stable and occurs in the conscious/normal-phase or when the natural feeling is stable. Considering the cause of the disorder bipolar can occur due to trauma because, cases of sexual abuse resulting in, the occurrence of spiritual injury (Angst et al., 1980).

This condition causes a person's spiritual qualities to be (H.G. Koenig, 1998) destroyed due to fragile self-defense. On the other hand, YS's religious activities are directly related to the feelings and experiences that YS is done whether it is in a conscious or unconscious condition.

Religious Dialogue With Self-Defense Carl Gustave Jung's Method

Religious dialogue is an effective way to know the development of the human way of life. Religious dialogue concerns co-existence and pro-existence (Von Sicard & Wulforth, 2003) accompanied by adjustment, to achieve harmony, aptitude, balance, and the peak is peace (Gibbons, 2001). Religious dialogue can form a community of awareness of the importance of peace. Peace awakens a mature soul and can defend itself from the problems of the world (Grung, 2011).

More than that, religion is not only a protective umbrella or an escape from life's problems. However, it is to achieve mental balance, inner tranquility, and spiritual satisfaction (Fiske, 1989; Nurhairunnisa, 2019). The meaning of religious dialogue in this article is religion related to the concept of self-defense Carl Gustave Jung. Religion is how one draws closer to God and achieves spirituality. A solid religion can be capital in

achieving and enhancing spirituality. In line with the concept of Jungian self-defense by prioritizing personal experiences experienced by a person. Jung's experience is an individual's personal experience from an early age to an emotionally binding age. Among the experiences were gained through such personal awareness and unconsciousness, including individual religious experiences (Westerink, 2013).

The Jungian form of self-defense is through experience that forms strength and self-defense and spirituality. The goal is not to fall out of a misleading life and Freudian self-defense emphasizes the defense of the ego (Bermudez, 2005). In psychoanalysis, Freud emphasizes self-defense shown through repression (suppressing the desire to the subconscious), reaction, projection, regression, rationalization, denying, beheading, annulment, introspection, and sublimation. This condition is caused by the experiences and psychic processes of the unconscious (subconscious). Freud's aspect of unconsciousness is the most active part and has an important role in a person. In the unconscious life, such psychic elements; ideas, impulses, passions, and feelings are suppressed namely, core strengths but are seen by the five senses (Bermudez, 2005)

The method of healing for each disease is different, which is carried out in certain ways according to the type and severity of the disease (Yusuf & Juntika, 2008). Based on the medical resume, YS was positive has bipolar disorder based on the attitudes that emerged. YS underwent medical and non-medical treatment in his life. According to hospital records; *"YS brought to RSJM for the first time on 22nd July 2013, at 08:31: 11 pm local time; she was unemployed and married at that time. This was the beginning of a series of treatment processes and treatment for a long period of time"* (Nugroho, Interview, 2018).

The healing process was carried out gradually, YS got hospitalized for 5 (five) weeks that followed by a series of psychiatric therapy through regular meetings with a psychiatrist. (Fadhilah, Interview, 2018). Based on the direction of the doctor who treated YS, one of the dominant deviant behaviors that YS often experienced was insomnia. The type of severity of insomnia experienced by YS was included in the critical category.

It happened when bipolar symptoms dominate and peak. In this condition, YS often walked around the house or locked himself up (either during the day or at night). Insomnia is a characteristic feature of people with bipolar disorder which is the inability to get the amount of sleep needed and classified based on the duration of the individual problem. The effects of insomnia can affect almost every aspect of life. It has an impact on emotional stability, brain performance, mood, productivity, degrades the ability to make decisions, and can damage individual social relationships (Hertenstein et al., 2019; Talih et al., 2018).

Alternative medicine was also carried out by the YS's family to support medical treatment which was expected to help her recovery. Alternative medicine is generally quite popular in society. It is found that many non-medical treatment services are considered conservative (d'Arqom & Nasution, 2015; Nurhayati & Widowati, 2017).

It was the motive of YS's family to take alternative medicine. The main reasons are alternative medicine is more effective and economical, while others think alternative medicine is considered to increase YS's religiosity. Alternative medicine that YS got is *Ruqyah* therapy, a healing treatment by reciting prayers for the patient.

Ruqyah therapy was considered to support the healing process of YS (Nugroho, interview, 2018) because it has been widely

practiced by *Ulama, Ustad/Kiai*, and the Prophet Muhammad during his prophetic period (Afifuddin & Nooraini, 2016).

Referring to her clinical history, YS had a history of asthma Brokhiale BO+ (respiratory disease). (Jumianti Lestari, interview, 2018) The treatments that YS being undertaken essentially created a feeling of comfort, calm, and were not easily shaken by the pressure of life.

Medical and alternative medicine aims to form emotional reactions (Nurhayati & Widowati, 2017) which help people with bipolar disorder to get the ability to control deviant behavior, especially religious behavior. Functionally, spirituality has a positive energy that can support mental health which is obtained through faith and devotion to God and perform religious guidance, to get a more meaningful life (Jung, 1968).

Spiritual satisfaction becomes the parameter of a healthy soul. Able to adapt, fit, and create a personal relationship that is fun, useful, cooperative, optimistic, positive, and active. To develop self-potential and increase faith in every aspect of life (Daradjat, 1996).

One of the factors why YS got bipolar disorder is family (internal). YS had family problems that were considered as the basic reason of YS's bipolar disorder, the presence of excessive feelings of anxiety caused frustration to major depression due to the traumatic experience she had experienced before. Family conditions and mistrust (jealousy) of the partner. The failure of self-control certainly pushed YS to easily ignited emotions, stress, and depression. In the end, the absence of any form of problem-solving became a boomerang. (Jumianti Lestari, interview, 2018).

In general bipolar disorder has complex obstacles in developing its own self-defense (Sosis & Alcorta, 2003; Yusuf & Juntika, 2008). Referring to YS case, the self-defense method was not easy in practice.

Failure to utilize the key to mental balance was often found not only in people with bipolar disorder but, in people with mental illness in general. YS was incapable of showing significant resistance to the symptoms of her mood swings, or to all the bipolar episodes that appeared. As a result, YS often talked to herself, walked around the house, felt healthy and fine, and rejected other people's stereotypes about her illness (Amin Fadhilah, interview, 2018).

Another factor that drove YS suffered from bipolar disorder was the condition of her child who has a physical disability. It was difficult for YS to accept this condition, considering that children are emotional things (Jung, 1968). The life pressures that YS experienced did not keep her away from God and religion. In normal/stable condition, YS still carried out her obligations as a Muslim, performed prayer five times a day, performed *sunnah* prayer, or recited Al-Qur'an (Lestari, interview, 2018). When she was in an unstable condition (when the bipolar episode appeared) YS also often performed prayer, certainly, it was done in an unconscious state. The appearance of various bipolar episodes in this phase took over the patient's consciousness and caused self-defense and self-control to disappear so that the patient was unable to work and behave properly (Jung, 1968).

According to Jungian, the phenomenon experienced by YS was referred to as personal unconscious (personal unconscious; a complex behavior), a series of emotional things over interrelated ideas (Jung, 1968; Rowland, 2006). These emotional experiences are inherited from their ancestors. Referring to Jung, this form of 'inheritance' is collective unconsciousness which is the concept of Jung's thought (Batson et al., 1993)

On the other hand, Freud described the behavior experienced by YS due to an intra-

psychological conflict among biological, psychological, and social needs. In this process, every aspect has its own desires that demand to be channeled, including encouragement in worship and various religious routines. The challenge is that each type of personality is driven by its respective principles such as; The Id is driven by the pleasure/satisfaction principle, the ego is driven by the reality principle, and the superego is driven by the moral principle (Bermudez, 2005; Khurshid, 2018).

The fact that YS still had the motivation and desire to perform the *wajib* and *sunnah* prayers, recite Al-Qur'an, and fasting even though depression and manic were at their peak (Fadhilah, interview, 2018).

Bipolar and religion had a relationship that provided an effective method of enhancing individual spiritual experiences. Through repetitive prayer that was carried out repeatedly with regular intensity, it had an extravagant side effect on the healing process of YS. The decision of the YS family took alternative medicine was certainly acceptable considering that the religious approach has its own methods and strengths which are considered mystical for its adherents. Religion is a system of behavior (code of conduct) which concerns about unseen things, spirits that exist outside the human self (BISHOP, 1992; d'Arqom & Nasution, 2015; Martin & Wrightsman, 1965) and is trusted globally (Sherkat, 2015).

In his daily life, YS's religious attitudes which were considered deviant such as fasting, praying, and reciting Al-Qur'an in a state of mania and depression could happen in an indefinite period of time. The form of self-control and self-defense that YS did certainly played an important role in determining when YS would return to their initial conditions.

Generally, people with bipolar disorder experience several phases, starting

from the stable phase, mania, hypomania, depression to the mixed-phase. While the normal phase will be regained, followed by awareness, it can also return to experiencing a mood crisis (Feierman, 2009: xvi). For this reason, mental tension and inner satisfaction that are pursued through the role of religion will be a capital for healing later (Alwisol, 2006).

Islam has spoken about the law of people who have a mental illness. It is all about how they should be treated and healed according to Islamic guidance (Afifuddin & Nooraini, 2016). Islam has its own method when it comes to the case of YS. Islam is familiar with all forms of illness suffered by a human in believing the proverb "There is no disease that cannot be cured" or "Every disease have a medicine". Nevertheless, every disease has an enormous impact on the spiritual development and the behavioral stability of a person but it does not involve the overall religious behavior (Lawson et al., 1998).

Islam with all its canons offers a variety of healing methods that are quite varied to overcome life difficulties such as stress, anxiety, and various negative things carried by mental problems. Several healing methods that suitable for YS's condition were; purified the soul through performed prayer, worshipped, recited Al-Qur'an, remembered Allah, asked forgiveness from Him and fasted in the month of *Ramadhan* or any other day. Other activities such as *dzikir*, *tahanus*, *zuhud*, contemplation through *ruqiyah* (Abdel-Khalek, 2011; H.G. Koenig, 1998; Loewenthal & Cinnirella, 1999; Rahmat, 2001).

YS chose healing methods by endeavoring through *dzikir* and *ruqyah* by the guidance of her spiritual teacher. YS carried out this practice at home with the help of her family and also visited the *ruqiyah* practice in Surabaya and surrounding areas. (Lestari,

interview, 2018). *Ruqyah* became one of the therapy methods that YS undertook quite regularly by reciting certain verses such as *surah al-ikhlas*, *an-nas*, *al-falaq*, *ayat kursi* and other verses. To assist *ruqyah* therapy the patient needs to be tolerant to increase devotion and achieve peace of mind (Rahmat, 2001).

Islam is an idealistic method through the Al-Qu'ran and Al-Hadith which forms the spirituality of its adherents. This method emphasizes individuals to be active, combines knowledge with Islamic values, is inclusive, and considers human experience as a subjective problem through their mystical and spiritual experiences (Yudiani, 2013). In conclusion, it can help people with bipolar disorder achieve a higher level of self-understanding (Jung, 1968).

Religious Continuity Of Bipolar Disorder With Self-Defense Method

The diagnostic result showed that YS has bipolar disorder, she deserved attention, support, and love from every member of her family. Nevertheless, a distant and indifferent attitude blamed YS's condition with the excuse that YS was not an ideal woman and wife, broke the family dignity and reputation, and also showed several other insulting attitudes.

As a result, the behavior and response from the family forced YS to become a passive person, insecure, and even blamed herself. YS actually considered her mentality and personality were right, firmly refused her condition. This was shown in her expertise and diligence to worship and fulfill her duties as a housewife. (Fadhilah, interview, 2018).

YS considered that her personality and religious attitudes were not as deviant from Islam as the stereotype that she knew. Nevertheless, YS did not deny that she has emotional problems, excessive anxiety, and lock herself up. According to Freudian's point

of view, the attitude shown by YS was a form of denial towards the mental disorders she experienced or her religious behavior which was considered deviant. This was the key to self-defense theory, which was concerned with psychological defenses. Despite having deviant behavior in her religious activities, YS had a good level of self-confidence when she faced a social view about her illness as stated by the informant;

"YS was a part of the Al-Qur'an recitation community at her cluster area before the illness got worse, she came to participate occasionally, participated in mosque social activities or other religious holidays such as Maulid Nabi, Eid Prayer, Eid Adha or family event "(Amin Fadillah, Interview 2018).

An individual should have the ability to direct himself to be mentally healthy and also the ability to adapt and make peace with his surroundings, family with full awareness. For this reason, self-recognition and self-acceptance are important to be realized (Angst et al., 1980).

YS family said it was quite easy to know the changes in YS's mood, both regarding family and social problems such as socialize and communicate with the closest people. YS often showed a contrasting attitude towards a problem when bipolar symptoms took over. Bipolar was a reflection and a way for her in responding and addressing a phenomenon and issue in life. (Lestari, Interview, 2018).

Human behavior is determined and influenced by surrounding factors such as the most basic elements; biological, psychological, and environmental; natural conditions, weather, air, types of food and their patterns as well as the variety of people encountered in everyday life and the forms of interaction that are built (Grung, 2011).

According to Jung, histories, causality, as well as past and future factors influence

human behavior. The behavior itself is guided by the past as actuality and the future as potentiality. Prospective (personal development into the future) and retrospective (dealing with past events) have a contribution to personality development. Referring to the YS case, it was shown how she encouraged herself to: first, accepted the physical condition of her child. Second, decreased the suspicion about her partner. Third, tolerated the rejection as a family member.

Based on YS case, the concept of self-defense was needed in controlling the possibility of deviant behaviors. Self-defense means "an effort that emphasizes the ability to control one's psychic self" in order not to lost-control. Consciousness must be maintained and the process of self-realization must happen. Bipolar disorder is a mental illness that has affected YS's ability to control her feelings. For instance; performed prayer before its time, despite been told but she ignored it (Rahmah, Interview, 2018). Functionally, self-defense against the ego can help reduce violence against certain objects. Nevertheless, this condition has not been fully realized by YS in controlling her bipolar rate.

Jung emphasized that the most important portion is a personal experience and human existence in the past. Jung did not emphasize and give any space on the role of religion, particularly about inner and spiritual satisfaction that must be fulfilled (Bermudez, 2005; Loewenthal & Cinnirella, 1999).

YS did not only experience psychological conflicts but also inner conflicts, precisely a strong desire and urge to worship that must be realized. According to the writer, YS kept strong memory and recall about her God. This was reflected in the religious activities performed by YS when bipolar was at its peak and in a stable condition. The process of alternative medicine through *ruqyah*, *sholawat* therapy, and *istigfar* had a huge impact.

The spiritual experience is something complex, prioritizing creativity, taste, and intention (Westerink, 2013). This experience is the main basis to know about the relation to Jungian theory did not provide an adequate portion related to religion. Apart from this, the experience can create personality. Meanwhile, religion deals with experiences and feelings. The past and present become a journey of life and form unforgettable good and bad experiences. Experience can form strength and self-defense and spirituality in order not to fall into a misleading life.

The balance of thoughts and desires will form a personality that can control oneself with wise attitudes. Religious behavior affects a person's personality. Ideally, religious people must reflect their own religion (Setiyani, 2016). Nevertheless, not all humans can do this kind of an action because life experiences shape their personality and dye their behavior.

Even though effective religious activities are continually being done to satisfy the religious desires, the level of mental awareness and self-control must be equally strong. This case emphasizes the importance of awareness towards spiritual power without reducing the essence of God as the holder of the highest consciousness. This at the same time answers Jung's concerns about whether there is unconsciousness in mystical participation ? (Glattfelder, 2019). Spiritual awareness in YS's case was concerned with healing and developing of the religious soul.

Religious behavior must be fully realized in the implementation. Islam emphasizes that when implementing religious practices it must be applied with full awareness, know well the significance, purpose, cause, and effect of worship (Hakim, 1996; Rahmat, 2001; Thio, 2007).

Religion becomes a person's norm or standard in controlling his behavior. Self-awareness and self-defense become media for

religious growth. Hence, recognizing and understanding the forms of religious behavior of people with bipolar disorder has implications in understanding himself (BISHOP, 1992; Grunebaum et al., 2006) It is all about how ritual, trance, meditation, and other conditions affect psychic function and development, which are the closest mechanism responsible for religious behavior (Sosis & Alcorta, 2003). Spirituality has an important role in defending yourself from the evil influences that come every time.

Conclusion

Referring to the YS case, it can be concluded that every people had problems, yet every people should have a way or strategy to overcome them. Consulting or even communicating, discussing, or having dialogues were the main essential things. Nevertheless, the most important thing was to always remember and believe in God.

Based on Gustave Jung and Freud through the psychoanalytic method and the self-defense concept which became their specialty emphasized two main issues; The approach offered by Jung and Freud could provide a more mature perspective in understanding the religious behavior of people with bipolar disorder. On the one hand, these two methods became models and options in the healing process for people with bipolar disorder.

Especially through psychotherapy and religious healing which can have done medically and alternative medicine. Including the *ruqyah* method became one of the effective ways that Muslims took by accustoming themselves to do *istigfar*, reciting certain verses, increasing worship, and studying more about spirituality as the highest entity to avoid disorientation of emotional crisis.

Bipolar disorder cases can be controlled with the concept of self-defense

and various psychological and neuroscience approaches (psychoanalysis, cognitive, and behavior).

An affiliation approach with mysticism will create spirituality by placing religion as the main portion. Human nature requires two things; physical (reality) and psychic (spiritual). The balance between these two things can create a mature personality. Spirituality is at the highest level since it has a function as self-defense by continuing to implement religious behavior. To maintain balance and personality stability, family support and religious healing became the main principles that strengthened spirituality and self-defense, including bipolar disorder.

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